



**STUDENT REGISTRATION FORM**  
**SUNDAY, JULY 30 – WEDNESDAY, AUGUST 2**  
**6:30PM – 8:30PM**

**PRE-K (AT LEAST 4 YEARS OLD AND POTTY TRAINED) – 5TH GRADE**

**PLEASE EMAIL LIZZY WITH ANY QUESTIONS: LIZZY.FRIAS@SUNNYCREST.ORG**

**CHILD'S NAME:** \_\_\_\_\_

**PARENT/FAMILY/GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY / STATE / ZIP:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**CHILD'S DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **Shirt Size**

**LAST SCHOOL GRADE COMPLETED:** \_\_\_\_\_ **T-SHIRT SIZE (CIRCLE ONE):** YS YM YL S M L XL

**FRIEND CHILD WOULD LIKE TO BE IN A GROUP WITH:** \_\_\_\_\_

**SPECIAL NEEDS / ALLERGIES / MEDICAL INFORMATION / OTHER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DISMISSAL** \_\_\_\_\_

**NAME(S) OF PERSONS WHO MAY PICK UP THIS CHILD FROM VBS:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**PHOTO / VIDEO RELEASE** \_\_\_\_\_

**SUNNYCREST CHURCH HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICLY TO PROMOTE THE CHURCH AND/OR VBS. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.**

**I DO NOT WANT PHOTOGRAPHS OF ME OR MY CHILD DURING SUNNYCREST CHURCH VBS.**

**PARENT / GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

